

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DOOR HINGE, the specification of which (check one)

is attached hereto  
 was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
 and was amended on \_\_\_\_\_ (if applicable).  
 I hereby authorize and request our attorney, Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, 14<sup>th</sup> Floor, New York, New York 10018 to insert here in parentheses (Application number \_\_\_\_\_, filed \_\_\_\_\_) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR APPLICATION(S)			Priority claimed
199 30 322.3 (Number)	Germany (Country)	July, 2 1999 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)
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And I hereby appoint Clifford M. Davidson, Registration No. 32,728, Leslye B. Davidson, Registration No. 38,854, Cary S. Kappel, Registration No. 36,561, William C. Gehris, Registration No. 38,156, Morey B. Wildes, Registration No. 36,968, Robert J. Paradiso, Registration No. 41,240, Scott L. Appelbaum, Registration No. 41,587, Cynthia R. Moore, Registration No. 46,086, David Knasiak, Registration No. 45,991, Salvatore J. Maiorino, Registration No. 42,830, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14<sup>th</sup> Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor BRÜCKNER, Lothar

Full name of joint Inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_  
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Full name of joint Inventor, if any \_\_\_\_\_

Full name of joint Inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence (city) \_\_\_\_\_, (state or country)  
Citizenship \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

Citizenship \_\_\_\_\_  
Post Office Address: \_\_\_\_\_